

Montana Medicaid - Fee Schedule

EPSDT

Definitions:

January 1, 2006

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals 43% of billed charges

Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$26.07.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2006 is \$32.59.

***If a valid, current code is not present, that code may be a non-covered service**

Fees The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, and military treatment facilities. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code description

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Indicators

Mult - Multiple surgery guidelines do apply

Bilat - Bilateral. The procedure can be done bilaterally

Assist - Assistant. An assistant is allowed for this procedure

Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure

Team - A team of surgeons is allowed for this procedure

Related - The procedure code listed is separately billable

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

Policy Adjust - M = Maternity, P = Mental Health, D = Profess. Differential

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		Team	Policy Adjust
					Office	Facility					Assist	CoSurg		
G0237	EP	THERAPEUTIC PROC D STRG ENDUR	7/1/2005	RBRVS	\$13.75	\$13.75								
G0238	EP	OTH RESP PROC, INDIV	7/1/2005	RBRVS	\$14.31	\$14.31								
G0239	EP	OTH RESP PROC, GROUP	7/1/2005	RBRVS	\$9.84	\$9.84								
V5266		BATTERY FOR HEARING DEVICE	1/1/2004	BY REPORT	\$0.00	\$0.00								
31502	EP	CHANGE OF WINDPIPE AIRWAY	7/1/2005	RBRVS	\$31.35	\$30.50	0		Y					
31720	EP	CLEARANCE OF AIRWAYS	7/1/2005	RBRVS	\$45.85	\$45.85	0		Y					
31725	EP	CLEARANCE OF AIRWAYS	7/1/2005	RBRVS	\$86.53	\$84.54	0		Y					
36600	EP	WITHDRAWAL OF ARTERIAL BLOOD	7/1/2005	RBRVS	\$24.74	\$13.52			Y					
72010		X-RAY EXAM OF SPINE	7/1/2005	RBRVS	\$49.83	\$49.83								
72010	TC	X-RAY EXAM OF SPINE	7/1/2005	RBRVS	\$30.34	\$30.34								
72010	26	X-RAY EXAM OF SPINE	7/1/2005	RBRVS	\$19.46	\$19.46								
72040		X-RAY EXAM OF NECK SPINE	7/1/2005	RBRVS	\$27.41	\$27.41								
72040	TC	X-RAY EXAM OF NECK SPINE	7/1/2005	RBRVS	\$17.99	\$17.99								
72040	26	X-RAY EXAM OF NECK SPINE	7/2/2004	RBRVS	\$9.42	\$9.42								
72070		X-RAY EXAM OF THORACIC SPINE	7/1/2005	RBRVS	\$28.81	\$28.81								
72070	TC	X-RAY EXAM OF THORACIC SPINE	7/1/2005	RBRVS	\$19.39	\$19.39								
72070	26	X-RAY EXAM OF THORACIC SPINE	7/2/2004	RBRVS	\$9.42	\$9.42								
72100		X-RAY EXAM OF LOWER SPINE	7/1/2005	RBRVS	\$29.40	\$29.40								
72100	TC	X-RAY EXAM OF LOWER SPINE	7/1/2005	RBRVS	\$19.95	\$19.95								
72100	26	X-RAY EXAM OF LOWER SPINE	7/1/2005	RBRVS	\$9.42	\$9.42								
82800		BLOOD PH	1/1/2005	MEDICARE	\$11.83	\$0.00								
82803		BLOOD GASES: PH, PO2 & PCO2	1/1/2005	MEDICARE	\$27.04	\$0.00								
90700		DTAP VACCINE < 7 YRS IM	7/19/2005	MEDICARE	\$12.02	\$0.00								
90702		DT VACCINE < 7, IM	7/19/2005	MEDICARE	\$9.70	\$0.00								
90703		TETANUS VACCINE IM	7/19/2005	MEDICARE	\$14.57	\$0.00								
90704		MUMPS VACCINE SC	7/19/2005	MEDICARE	\$17.93	\$0.00								
90705		MEASLES VACCINE SC	7/19/2005	MEDICARE	\$13.62	\$0.00								
90706		RUBELLA VACCINE SC	7/19/2005	MEDICARE	\$15.02	\$0.00								
90707		MMR VACCINE SC	7/19/2005	MEDICARE	\$36.13	\$0.00								
90713		POLIOVIRUS IPV SC/IM	7/19/2005	MEDICARE	\$24.73	\$0.00								
90716		CHICKEN POX VACCINE, SC	7/19/2005	MEDICARE	\$63.26	\$0.00								
90720		DTP/HIB VACCINE, IM	2/20/2005	MEDICARE	\$28.34	\$0.00								
90721		DTAP/HIB VACCINE, IM	2/20/2005	MEDICARE	\$41.13	\$0.00								
90723		DTAP-HEP B-IPV VACCINE IM	7/1/2004	FEE SCHED	\$70.72	\$0.00								
90735		ENCEPHALITIS VACCINE, SC	7/19/2005	MEDICARE	\$82.14	\$0.00								
90740		HEPB VACC ILL PAT 3 DOSE IM	2/20/2005	FEE SCHED	\$101.92	\$0.00								
90743		HEP B VACC ADOL 2 DOSE IM	2/20/2005	FEE SCHED	\$60.78	\$0.00								
90744		HEPB VACC PED/ADOL 3 DOSE IM	2/20/2005	FEE SCHED	\$61.18	\$0.00								
90746		HEP B VACCINE ADULT IM	7/19/2005	FEE SCHED	\$50.96	\$0.00								
90747		HEPB VACC ILL PAT 4 DOSE IM	2/20/2005	FEE SCHED	\$101.92	\$0.00								
90748		HEP B/HIB VACCINE, IM	5/1/2005	BY REPORT	\$0.00	\$0.00								
92506		SPEECH/HEARING EVALUATION	7/1/2005	RBRVS	\$93.40	\$36.91								D
92507		SPEECH/HEARING THERAPY	7/1/2005	RBRVS	\$44.77	\$22.07								D
92508		SPEECH/HEARING THERAPY	7/1/2005	RBRVS	\$21.22	\$11.15								D
92526		ORAL FUNCTION THERAPY	7/1/2005	RBRVS	\$59.30	\$22.19								D
92541		SPONTANEOUS NYSTAGMUS TEST	7/1/2005	RBRVS	\$39.63	\$39.63								D

Please see first page for a complete description
of information contained in the fee schedules.

Montana Medicaid - Fee Schedule **EPSDT**

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		Team	Policy Adjust
					Office	Facility					Assist	CoSurg		
92541	TC	SPONTANEOUS NYSTAGMUS TEST	7/1/2005	RBRVS	\$22.19	\$22.19								D
92541	26	SPONTANEOUS NYSTAGMUS TEST	7/1/2005	RBRVS	\$17.42	\$17.42								D
92542		POSITIONAL NYSTAGMUS TEST	7/1/2005	RBRVS	\$40.12	\$40.12								D
92542	TC	POSITIONAL NYSTAGMUS TEST	7/1/2005	RBRVS	\$25.82	\$25.82								D
92542	26	POSITIONAL NYSTAGMUS TEST	7/1/2005	RBRVS	\$14.31	\$14.31								D
92543		CALORIC VESTIBULAR TEST	7/1/2005	RBRVS	\$18.23	\$18.23								D
92543	TC	CALORIC VESTIBULAR TEST	7/1/2005	RBRVS	\$13.67	\$13.67								D
92543	26	CALORIC VESTIBULAR TEST	7/1/2005	RBRVS	\$4.55	\$4.55								D
92544		OPTOKINETIC NYSTAGMUS TEST	7/1/2005	RBRVS	\$31.81	\$31.81								D
92544	TC	OPTOKINETIC NYSTAGMUS TEST	7/1/2005	RBRVS	\$20.65	\$20.65								D
92544	26	OPTOKINETIC NYSTAGMUS TEST	7/1/2005	RBRVS	\$11.15	\$11.15								D
92545		OSCILLATING TRACKING TEST	7/1/2005	RBRVS	\$28.34	\$28.34								D
92545	TC	OSCILLATING TRACKING TEST	7/1/2005	RBRVS	\$18.32	\$18.32								D
92545	26	OSCILLATING TRACKING TEST	7/1/2005	RBRVS	\$10.02	\$10.02								D
92546		SINUSOIDAL ROTATIONAL TEST	7/1/2005	RBRVS	\$60.56	\$60.56								D
92546	TC	SINUSOIDAL ROTATIONAL TEST	7/1/2005	RBRVS	\$48.24	\$48.24								D
92546	26	SINUSOIDAL ROTATIONAL TEST	7/1/2005	RBRVS	\$12.32	\$12.32								D
92547		SUPPLEMENTAL ELECTRICAL TEST	7/1/2005	RBRVS	\$3.69	\$3.69	ZZZ							D
92548		POSTUROGRAPHY	7/1/2005	RBRVS	\$77.09	\$77.09								D
92548	TC	POSTUROGRAPHY	7/1/2005	RBRVS	\$54.84	\$54.84								D
92548	26	POSTUROGRAPHY	7/1/2005	RBRVS	\$22.25	\$22.25								D
92551		PURE TONE HEARING TEST, AIR	7/1/2005	RBRVS	\$9.38	\$9.38								D
92552		PURE TONE AUDIOMETRY, AIR	7/1/2005	RBRVS	\$12.44	\$12.44								D
92553		AUDIOMETRY, AIR & BONE	7/1/2005	RBRVS	\$18.65	\$18.65								D
92555		SPEECH THRESHOLD AUDIOMETRY	7/1/2005	RBRVS	\$10.88	\$10.88								D
92556		SPEECH AUDIOMETRY, COMPLETE	7/1/2005	RBRVS	\$16.31	\$16.31								D
92557		COMPREHENSIVE HEARING TEST	7/1/2005	RBRVS	\$33.94	\$33.94								D
92559		GROUP AUDIOMETRIC TESTING	7/1/2005	BY REPORT	\$0.00	\$0.00								D
92560		BEKESY AUDIOMETRY, SCREEN	7/1/2005	BY REPORT	\$0.00	\$0.00								D
92561		BEKESY AUDIOMETRY, DIAGNOSIS	7/1/2005	RBRVS	\$20.18	\$20.18								D
92562		LOUDNESS BALANCE TEST	7/1/2005	RBRVS	\$11.67	\$11.67								D
92563		TONE DECAY HEARING TEST	7/1/2005	RBRVS	\$10.88	\$10.88								D
92564		SISI HEARING TEST	7/1/2005	RBRVS	\$13.46	\$13.46								D
92565		STENGER TEST, PURE TONE	7/1/2005	RBRVS	\$11.39	\$11.39								D
92567		TYMPANOMETRY	7/1/2005	RBRVS	\$15.02	\$15.02								D
92568		ACOUSTIC REFL THRESHOLD TST	7/1/2005	RBRVS	\$10.88	\$10.88								D
92569		ACOUSTIC REFLEX DECAY TEST	7/1/2005	RBRVS	\$11.67	\$11.67								D
92571		FILTERED SPEECH HEARING TEST	7/1/2005	RBRVS	\$11.15	\$11.15								D
92572		STAGGERED SPONDAIC WORD TEST	7/1/2005	RBRVS	\$2.58	\$2.58								D
92573		LOMBARD TEST	7/1/2005	RBRVS	\$10.10	\$10.10								D
92575		SENSORINEURAL ACUITY TEST	7/1/2005	RBRVS	\$8.27	\$8.27								D
92576		SYNTHETIC SENTENCE TEST	7/1/2005	RBRVS	\$12.71	\$12.71								D
92577		STENGER TEST, SPEECH	7/1/2005	RBRVS	\$20.45	\$20.45								D
92579		VISUAL AUDIOMETRY (VRA)	7/1/2005	RBRVS	\$20.45	\$20.45								D
92582		CONDITIONING PLAY AUDIOMETRY	7/1/2005	RBRVS	\$20.45	\$20.45								D
92583		SELECT PICTURE AUDIOMETRY	7/1/2005	RBRVS	\$25.13	\$25.13								D

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		Team	Policy Adjust
					Office	Facility					Assist	CoSurg		
92584		ELECTROCOCHLEOGRAPHY	7/1/2005	RBRVS	\$69.38	\$69.38								D
92585		AUDITOR EVOKE POTENT, COMPRE	7/1/2005	RBRVS	\$72.71	\$72.71								D
92585	TC	AUDITOR EVOKE POTENT, COMPRE	7/1/2005	RBRVS	\$51.51	\$51.51								D
92585	26	AUDITOR EVOKE POTENT, COMPRE	7/1/2005	RBRVS	\$21.22	\$21.22								D
92587		EVOKED AUDITORY TEST	7/1/2005	RBRVS	\$42.49	\$42.49								D
92587	TC	EVOKED AUDITORY TEST	7/1/2005	RBRVS	\$36.76	\$36.76								D
92587	26	EVOKED AUDITORY TEST	7/1/2005	RBRVS	\$5.72	\$5.72								D
92588		EVOKED AUDITORY TEST	7/1/2005	RBRVS	\$56.61	\$56.61								D
92588	TC	EVOKED AUDITORY TEST	7/1/2005	RBRVS	\$41.44	\$41.44								D
92588	26	EVOKED AUDITORY TEST	7/1/2005	RBRVS	\$15.20	\$15.20								D
92590		HEARING AID EXAM, ONE EAR	7/1/2003	BY REPORT	\$0.00	\$0.00								
92591		HEARING AID EXAM, BOTH EARS	7/1/2003	BY REPORT	\$0.00	\$0.00								
92592		HEARING AID CHECK, ONE EAR	7/1/2003	BY REPORT	\$0.00	\$0.00								
92593		HEARING AID CHECK, BOTH EARS	7/1/2003	BY REPORT	\$0.00	\$0.00								
92594		ELECTRO HEARNG AID TEST, ONE	7/1/2003	BY REPORT	\$0.00	\$0.00								
92595		ELECTRO HEARNG AID TST, BOTH	7/1/2003	BY REPORT	\$0.00	\$0.00								
92596		EAR PROTECTOR EVALUATION	7/1/2005	RBRVS	\$16.85	\$16.85								D
92597		ORAL SPEECH DEVICE EVAL	7/1/2005	RBRVS	\$70.19	\$38.20								D
92950		HEART/LUNG RESUSCITATION CPR	7/1/2005	RBRVS	\$248.89	\$158.35	0							
94010	EP	BREATHING CAPACITY TEST	7/1/2005	RBRVS	\$25.19	\$25.19								
94010	TC	BREATHING CAPACITY TEST	7/1/2005	RBRVS	\$17.96	\$17.96								
94010	26	BREATHING CAPACITY TEST	7/2/2004	RBRVS	\$7.23	\$7.23								
94060	EP	EVALUATION OF WHEEZING	7/1/2005	RBRVS	\$42.14	\$42.14								
94060	TC	EVALUATION OF WHEEZING	7/1/2005	RBRVS	\$29.23	\$29.23								
94060	26	EVALUATION OF WHEEZING	7/1/2005	RBRVS	\$12.91	\$12.91								
94070	EP	EVALUATION OF WHEEZING	7/1/2005	RBRVS	\$46.38	\$46.38								
94070	TC	EVALUATION OF WHEEZING	7/1/2005	RBRVS	\$20.89	\$20.89								
94070	26	EVALUATION OF WHEEZING	7/1/2005	RBRVS	\$25.49	\$25.49								
94150	EP	VITAL CAPACITY TEST	7/1/2003	RBRVS	\$0.00	\$0.00								
94150	TC	VITAL CAPACITY TEST	7/1/2003	RBRVS	\$0.00	\$0.00								
94150	26	VITAL CAPACITY TEST	7/1/2003	RBRVS	\$0.00	\$0.00								
94200	EP	LUNG FUNCTION TEST (MBC/MVV)	7/1/2005	RBRVS	\$16.82	\$16.82								
94200	TC	LUNG FUNCTION TEST (MBC/MVV)	7/1/2005	RBRVS	\$12.09	\$12.09								
94200	26	LUNG FUNCTION TEST (MBC/MVV)	7/1/2005	RBRVS	\$4.73	\$4.73								
94240	EP	RESIDUAL LUNG CAPACITY	7/1/2005	RBRVS	\$28.74	\$28.74								
94240	TC	RESIDUAL LUNG CAPACITY	7/1/2005	RBRVS	\$17.73	\$17.73								
94240	26	RESIDUAL LUNG CAPACITY	7/2/2004	RBRVS	\$11.02	\$11.02								
94250	EP	EXPIRED GAS COLLECTION	7/1/2005	RBRVS	\$22.10	\$22.10								
94250	TC	EXPIRED GAS COLLECTION	7/1/2005	RBRVS	\$17.40	\$17.40								
94250	26	EXPIRED GAS COLLECTION	7/1/2005	RBRVS	\$4.73	\$4.73								
94260	EP	THORACIC GAS VOLUME	7/1/2005	RBRVS	\$21.97	\$21.97								
94260	TC	THORACIC GAS VOLUME	7/1/2005	RBRVS	\$16.33	\$16.33								
94260	26	THORACIC GAS VOLUME	7/2/2004	RBRVS	\$5.64	\$5.64								
94350	EP	LUNG NITROGEN WASHOUT CURVE	7/1/2005	RBRVS	\$31.25	\$31.25								
94350	TC	LUNG NITROGEN WASHOUT CURVE	7/1/2005	RBRVS	\$20.24	\$20.24								
94350	26	LUNG NITROGEN WASHOUT CURVE	7/2/2004	RBRVS	\$11.02	\$11.02								

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					Office	Facility					Assist	CoSurg		
94360	EP	MEASURE AIRFLOW RESISTANCE	7/1/2005	RBRVS	\$30.15	\$30.15								
94360	TC	MEASURE AIRFLOW RESISTANCE	7/1/2005	RBRVS	\$19.13	\$19.13								
94360	26	MEASURE AIRFLOW RESISTANCE	7/2/2004	RBRVS	\$11.02	\$11.02								
94370	EP	BREATH AIRWAY CLOSING VOLUME	7/1/2005	RBRVS	\$29.53	\$29.53								
94370	TC	BREATH AIRWAY CLOSING VOLUME	7/1/2005	RBRVS	\$18.51	\$18.51								
94370	26	BREATH AIRWAY CLOSING VOLUME	7/2/2004	RBRVS	\$11.02	\$11.02								
94375	EP	RESPIRATORY FLOW VOLUME LOOP	7/1/2005	RBRVS	\$27.80	\$27.80								
94375	TC	RESPIRATORY FLOW VOLUME LOOP	7/1/2005	RBRVS	\$14.89	\$14.89								
94375	26	RESPIRATORY FLOW VOLUME LOOP	7/1/2005	RBRVS	\$12.91	\$12.91								
94400	EP	CO2 BREATHING RESPONSE CURVE	7/1/2005	RBRVS	\$39.24	\$39.24								
94400	TC	CO2 BREATHING RESPONSE CURVE	7/1/2005	RBRVS	\$21.93	\$21.93								
94400	26	CO2 BREATHING RESPONSE CURVE	7/1/2005	RBRVS	\$17.27	\$17.27								
94450	EP	HYPOXIA RESPONSE CURVE	7/1/2005	RBRVS	\$38.03	\$38.03								
94450	TC	HYPOXIA RESPONSE CURVE	7/1/2005	RBRVS	\$21.05	\$21.05								
94450	26	HYPOXIA RESPONSE CURVE	7/2/2004	RBRVS	\$16.98	\$16.98								
94620	EP	PULMONARY STRESS TEST/SIMPLE	7/1/2005	RBRVS	\$94.48	\$94.48								
94620	TC	PULMONARY STRESS TEST/SIMPLE	7/1/2005	RBRVS	\$67.14	\$67.14								
94620	26	PULMONARY STRESS TEST/SIMPLE	7/1/2005	RBRVS	\$27.34	\$27.34								
94640	EP	AIRWAY INHALATION TREATMENT	7/1/2005	RBRVS	\$8.99	\$8.99								
94642	EP	AEROSOL INHALATION TREATMENT	7/1/2003	BY REPORT	\$0.00	\$0.00								
94656	EP	INITIAL VENTILATOR MGMT	7/1/2005	RBRVS	\$74.34	\$50.78								
94657	EP	CONTINUED VENTILATOR MGMT	7/1/2005	RBRVS	\$55.70	\$35.23								
94660	EP	POS AIRWAY PRESSURE, CPAP	7/1/2005	RBRVS	\$44.16	\$32.39								
94662	EP	NEG PRESS VENTILATION, CNP	7/1/2005	RBRVS	\$32.10	\$32.10								
94664	EP	AEROSOL OR VAPOR INHALATIONS	7/1/2005	RBRVS	\$9.87	\$9.87								
94667	EP	CHEST WALL MANIPULATION	7/1/2005	RBRVS	\$16.03	\$16.03								
94668	EP	CHEST WALL MANIPULATION	7/1/2005	RBRVS	\$13.20	\$13.20								
94680	EP	EXHALED AIR ANALYSIS, O2	7/1/2005	RBRVS	\$62.67	\$62.67								
94680	TC	EXHALED AIR ANALYSIS, O2	7/1/2005	RBRVS	\$51.66	\$51.66								
94680	26	EXHALED AIR ANALYSIS, O2	7/2/2004	RBRVS	\$11.02	\$11.02								
94681	EP	EXHALED AIR ANALYSIS, O2/CO2	7/1/2005	RBRVS	\$80.99	\$80.99								
94681	TC	EXHALED AIR ANALYSIS, O2/CO2	7/1/2005	RBRVS	\$72.48	\$72.48								
94681	26	EXHALED AIR ANALYSIS, O2/CO2	7/1/2005	RBRVS	\$8.51	\$8.51								
94690	EP	EXHALED AIR ANALYSIS	7/1/2005	RBRVS	\$59.54	\$59.54								
94690	TC	EXHALED AIR ANALYSIS	7/1/2005	RBRVS	\$56.38	\$56.38								
94690	26	EXHALED AIR ANALYSIS	7/2/2004	RBRVS	\$3.13	\$3.13								
94720	EP	MONOXIDE DIFFUSING CAPACITY	7/1/2005	RBRVS	\$38.55	\$38.55								
94720	TC	MONOXIDE DIFFUSING CAPACITY	7/1/2005	RBRVS	\$27.54	\$27.54								
94720	26	MONOXIDE DIFFUSING CAPACITY	7/2/2004	RBRVS	\$11.02	\$11.02								
94725	EP	MEMBRANE DIFFUSION CAPACITY	7/1/2005	RBRVS	\$93.86	\$93.86								
94725	TC	MEMBRANE DIFFUSION CAPACITY	7/1/2005	RBRVS	\$82.84	\$82.84								
94725	26	MEMBRANE DIFFUSION CAPACITY	7/2/2004	RBRVS	\$11.02	\$11.02								
94750	EP	PULMONARY COMPLIANCE STUDY	7/1/2005	RBRVS	\$46.54	\$46.54								
94750	TC	PULMONARY COMPLIANCE STUDY	7/1/2005	RBRVS	\$36.76	\$36.76								
94750	26	PULMONARY COMPLIANCE STUDY	7/2/2004	RBRVS	\$9.74	\$9.74								
94760	EP	MEASURE BLOOD OXYGEN LEVEL	7/1/2003	RBRVS	\$0.00	\$0.00								

Please see first page for a complete description
of information contained in the fee schedules.

Montana Medicaid - Fee Schedule **EPSDT**

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		Team	Policy Adjust
					Office	Facility					Assist	CoSurg		
94761	EP	MEASURE BLOOD OXYGEN LEVEL	7/1/2003	RBRVS	\$0.00	\$0.00								
94762	EP	MEASURE BLOOD OXYGEN LEVEL	7/1/2005	RBRVS	\$16.13	\$16.13								
94770	EP	EXHALED CARBON DIOXIDE TEST	7/1/2005	RBRVS	\$28.26	\$28.26								
94770	TC	EXHALED CARBON DIOXIDE TEST	7/1/2005	RBRVS	\$21.97	\$21.97								
94770	26	EXHALED CARBON DIOXIDE TEST	7/2/2004	RBRVS	\$6.29	\$6.29								
94772	EP	BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00								
94772	TC	BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00								
94772	26	BREATH RECORDING, INFANT	7/1/2003	BY REPORT	\$0.00	\$0.00								
95860		MUSCLE TEST, ONE LIMB	7/1/2005	RBRVS	\$73.13	\$73.13								
95860	TC	MUSCLE TEST, ONE LIMB	7/1/2005	RBRVS	\$28.61	\$28.61								
95860	26	MUSCLE TEST, ONE LIMB	7/1/2005	RBRVS	\$44.52	\$44.52								
95861		MUSCLE TEST 2 LIMBS	7/1/2005	RBRVS	\$93.83	\$93.83								
95861	TC	MUSCLE TEST 2 LIMBS	7/1/2005	RBRVS	\$22.23	\$22.23								
95861	26	MUSCLE TEST 2 LIMBS	7/1/2005	RBRVS	\$71.60	\$71.60								
95863		MUSCLE TEST, 3 LIMBS	7/1/2005	RBRVS	\$114.13	\$114.13								
95863	TC	MUSCLE TEST, 3 LIMBS	7/1/2005	RBRVS	\$28.13	\$28.13								
95863	26	MUSCLE TEST, 3 LIMBS	7/1/2005	RBRVS	\$86.01	\$86.01								
95864		MUSCLE TEST, 4 LIMBS	7/1/2005	RBRVS	\$145.61	\$145.61								
95864	TC	MUSCLE TEST, 4 LIMBS	7/1/2005	RBRVS	\$53.42	\$53.42								
95864	26	MUSCLE TEST, 4 LIMBS	7/1/2005	RBRVS	\$92.20	\$92.20								
96105		ASSESSMENT OF APHASIA	7/1/2005	RBRVS	\$50.25	\$50.25								
97001		PT EVALUATION	7/1/2005	RBRVS	\$56.67	\$48.93								D
97002		PT RE-EVALUATION	7/1/2005	RBRVS	\$29.86	\$24.46								D
97003		OT EVALUATION	7/1/2005	RBRVS	\$60.30	\$47.91								D
97004		OT RE-EVALUATION	7/1/2005	RBRVS	\$35.80	\$23.41								D
97012		MECHANICAL TRACTION THERAPY	7/1/2005	RBRVS	\$11.12	\$11.12								D
97014		ELECTRIC STIMULATION THERAPY	7/1/2005	RBRVS	\$10.55	\$10.55								D
97016		VASOPNEUMATIC DEVICE THERAPY	7/1/2005	RBRVS	\$10.31	\$10.31								D
97018		PARAFFIN BATH THERAPY	7/1/2005	RBRVS	\$4.65	\$4.65								D
97022		WHIRLPOOL THERAPY	7/1/2005	RBRVS	\$10.79	\$10.79								D
97024		DIATHERMY EG MICROWAVE	7/1/2005	RBRVS	\$3.86	\$3.86								D
97026		INFRARED THERAPY	7/1/2005	RBRVS	\$3.62	\$3.62								D
97028		ULTRAVIOLET THERAPY	7/1/2005	RBRVS	\$4.47	\$4.47								D
97032		ELECTRICAL STIMULATION	7/1/2005	RBRVS	\$11.90	\$11.90								D
97033		ELECTRIC CURRENT THERAPY	7/1/2005	RBRVS	\$15.02	\$15.02								D
97034		CONTRAST BATH THERAPY	7/1/2005	RBRVS	\$10.43	\$10.43								D
97035		ULTRASOUND THERAPY	7/1/2005	RBRVS	\$9.14	\$9.14								D
97036		HYDROTHERAPY	7/1/2005	RBRVS	\$16.91	\$16.91								D
97039		PHYSICAL THERAPY TREATMENT	7/1/2005	RBRVS	\$8.84	\$8.84								D
97110		THERAPEUTIC EXERCISES	7/1/2005	RBRVS	\$20.99	\$20.99								D
97112		NEUROMUSCULAR REEDUCATION	7/1/2005	RBRVS	\$22.03	\$22.03								D
97113		AQUATIC THERAPY/EXERCISES	7/1/2005	RBRVS	\$23.77	\$23.77								D
97116		GAIT TRAINING THERAPY	7/1/2005	RBRVS	\$18.44	\$18.44								D
97124		MASSAGE THERAPY	7/1/2005	RBRVS	\$16.70	\$16.70								D
97139		PHYSICAL MEDICINE PROCEDURE	7/1/2005	RBRVS	\$11.72	\$11.72								D
97140		MANUAL THERAPY	7/1/2005	RBRVS	\$19.88	\$19.88								D

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Montana Medicaid - Fee Schedule **EPSDT**

Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		Team	Policy Adjust
					Office	Facility					Assist	CoSurg		
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2005	RBRVS	\$13.01	\$13.01								D
97530		THERAPEUTIC ACTIVITIES	7/1/2005	RBRVS	\$21.98	\$21.98								D
97532		COGNITIVE SKILLS DEVELOPMENT	7/1/2005	RBRVS	\$18.62	\$18.62								D
97533		SENSORY INTEGRATION	7/1/2005	RBRVS	\$19.64	\$19.64								D
97535		SELF CARE MNGMENT TRAINING	7/1/2005	RBRVS	\$22.27	\$22.27								D
97542		WHEELCHAIR MNGMENT TRAINING	7/1/2005	RBRVS	\$20.99	\$20.99								D
97545		WORK HARDENING	7/1/2003	BY REPORT	\$0.00	\$0.00								
97546		WORK HARDENING ADD-ON	7/1/2003	BY REPORT	\$0.00	\$0.00	ZZZ							
97750		PHYSICAL PERFORMANCE TEST	7/1/2005	RBRVS	\$22.27	\$22.27								D
97799		PHYSICAL MEDICINE PROCEDURE	7/1/2003	BY REPORT	\$0.00	\$0.00								
98940		CHIROPRACTIC MANIPULATION	7/1/2005	RBRVS	\$19.70	\$16.85	0							
98941		CHIROPRACTIC MANIPULATION	7/1/2005	RBRVS	\$27.77	\$24.41	0							
98942		CHIROPRACTIC MANIPULATION	7/1/2005	RBRVS	\$35.92	\$32.56	0							
98943		CHIROPRACTIC MANIPULATION	7/1/2005	RBRVS	\$18.44	\$16.40								
99201		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$29.30	\$19.75								
99202		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$52.31	\$38.85								
99203		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$77.99	\$59.77								
99204		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$110.74	\$88.61								
99205		OFFICE/OUTPATIENT VISIT, NEW	7/1/2005	RBRVS	\$140.76	\$117.78								
99381		PREV VISIT, NEW, INFANT	1/1/2006	RBRVS	\$97.28	\$67.85								
99382		PREV VISIT, NEW, AGE 1-4	1/1/2006	RBRVS	\$103.96	\$75.35								
99383		PREV VISIT, NEW, AGE 5-11	1/1/2006	RBRVS	\$102.27	\$75.35								
99384		PREV VISIT, NEW, AGE 12-17	1/1/2006	RBRVS	\$110.06	\$83.17								
99385		PREV VISIT, NEW, AGE 18-39	7/1/2005	RBRVS	\$95.07	\$68.18								
99391		PREV VISIT, EST, INFANT	1/1/2006	RBRVS	\$77.99	\$60.36								
99392		PREV VISIT, EST, AGE 1-4	1/1/2006	RBRVS	\$85.81	\$67.85								
99393		PREV VISIT, EST, AGE 5-11	1/1/2006	RBRVS	\$84.96	\$67.85								
99394		PREV VISIT, EST, AGE 12-17	1/1/2006	RBRVS	\$92.46	\$75.35								
99395		PREV VISIT, EST, AGE 18-39	7/1/2005	RBRVS	\$78.31	\$60.36								